

Product-Plan Data Collection

Company Legal Name: **Aetna Health Inc. (a PA corp.)**
 HIOS Issuer ID: **67190**
 Effective Date of Rate Change(s): **1/1/2021**

State: **DE**
 Market: **Small Group**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information		
1.1	Product Name		HMO
1.2	Product ID		67190DE0004
1.3	Plan Name		Aetna Silver
1.4	Plan ID (Standard Component ID)		67190DE0040061
1.5	Metal		Silver
1.6	AV Metal Value		0.702
1.7	Plan Category		Renewing
1.8	Plan Type		HMO
1.9	Exchange Plan?		No
1.10	Effective Date of Proposed Rates		1/1/2021
1.11	Cumulative Rate Change % (over 12 mos prior)		5.79%
1.12	Product Rate Increase %		5.79%
1.13	Submission Level Rate Increase %		5.79%

Worksheet 1 Totals			
Section II: Experience Period and Current Plan Level Information			
2.1	Plan ID (Standard Component ID)	Total	67190DE0040061
\$1,811,016	2.2 Allowed Claims	\$1,814,424	\$1,814,424
50	2.3 Reinsurance	50	50
	2.4 Member Cost Sharing	\$494,611	\$494,611
	2.5 Cost Sharing Reduction	50	50
\$1,317,334	2.6 Incurred Claims	\$1,319,813	\$1,319,813
-\$7,736	2.7 Risk Adjustment Transfer Amount	-\$7,736	-\$7,736
\$1,932,110	2.8 Premium	\$1,932,110	\$1,932,110
3,813	2.9 Experience Period Member Months	3,813	3,813
	2.10 Current Enrollment	237	237
	2.11 Current Premium PMPM	\$680.53	\$680.53
	2.12 Loss Ratio	68.58%	68.58%
	Per Member Per Month		
	2.13 Allowed Claims	\$475.85	\$475.85
	2.14 Reinsurance	50.00	50.00
	2.15 Member Cost Sharing	\$129.72	\$129.72
	2.16 Cost Sharing Reduction	50.00	50.00
	2.17 Incurred Claims	\$346.14	\$346.14
	2.18 Risk Adjustment Transfer Amount	-\$2.03	-\$2.03
	2.19 Premium	\$506.72	\$506.72

Section III: Plan Adjustment Factors			
3.1	Plan ID (Standard Component ID)		67190DE0040061
	3.2 Market Adjusted Index Rate		5671.48
	3.3 AV and Cost Sharing Design of Plan		0.7993
	3.4 Provider Network Adjustment		1.0000
	3.5 Benefits in Addition to EHB		1.0000
	Administrative Costs		
	3.6 Administrative Expense		9.84%
	3.7 Taxes and Fees		3.57%
	3.8 Profit & Risk Load		4.74%
	3.9 Catastrophic Adjustment		1.0000
	3.10 Plan Adjusted Index Rate		5655.73
	3.11 Age Calibration Factor	0.6404	0.6404
	3.12 Geographic Calibration Factor	1.0000	1.0000
	3.13 Tobacco Calibration Factor	1.0000	1.0000
	3.14 Calibrated Plan Adjusted Index Rate		5419.93

Section IV: Projected Plan Level Information			
4.1	Plan ID (Standard Component ID)	Total	67190DE0040061
	4.2 Allowed Claims	\$1,851,103	\$1,851,103
	4.3 Reinsurance	50	50
	4.4 Member Cost Sharing	\$371,509	\$371,509
	4.5 Cost Sharing Reduction	50	50
	4.6 Incurred Claims	\$1,479,594	\$1,479,594
	4.7 Risk Adjustment Transfer Amount	-\$62,952	-\$62,952
	4.8 Premium	\$1,884,425	\$1,884,425
	4.9 Projected Member Months	2,874	2,874
	4.10 Loss Ratio	81.23%	81.23%
	Per Member Per Month		
	4.11 Allowed Claims	\$644.09	\$644.09
	4.12 Reinsurance	50.00	50.00
	4.13 Member Cost Sharing	\$129.27	\$129.27
	4.14 Cost Sharing Reduction	50.00	50.00
	4.15 Incurred Claims	\$514.82	\$514.82
	4.16 Risk Adjustment Transfer Amount	-\$21.90	-\$21.90
	4.17 Premium	\$655.68	\$655.68